	THE MATTER OF THE CLIENT CURITY COMMISSION	)	APPLICATION FOR REIMBURSEMENT
NC	THE SUPREME COURT OF IOWA LEGAL RESPONSIBILITY FOR TH PRACTICE OF LAW. ALL REIMBUSECURITY TRUST FUND SHALL EDISCRETION OF THE COMMISSION AS A MATTER OF RIGHT. NO CL	DII JR: JE: ONI IEN	URITY TRUST FUND OF THE BAR OF IOWAD NOT CREATE NOR ACKNOWLEDGE ANY ACTS OF INDIVIDUAL LAWYERS IN THEIR SEMENTS OF LOSSES BY THE CLIENT A MATTER OF GRACE IN THE SOLE ERS ADMINISTERING THE FUND AND NOT IT OR ANY OTHER PERSON OR RIGHT IN THE FUND AS A THIRD PARTY
1.	Name and contact information for Ap	pli	cant
	(Full Name)		
	(Street Address or P.O. Box)		
	(City) (State) (Zip)		
	(email address)		
	(Residence Telephone Number)		(Business Telephone Number)
2.	Name of Applicant's Spouse (If Marr	ied	)
3.	Name and last known address of law applicant's loss:	yer	whose conduct is alleged to have caused

- A COPY OF THIS APPLICATION FOR REIMBURSEMENT IS SENT TO THE LAWYER -

(Zip)

(State)

(Full Name)

(City)

(Street Address or P.O. Box)

4.	Applicant suffered a money loss of \$				
	or property valued at \$				
	by reason of alleged dishonest conduct of(Name of Lawyer)	who was			
	(Name of Lawyer) an attorney having the right to practice law in the state of lowa.				
5.	What were the arrangements for payment of fees to the lawyer who allegedly the loss and what portion of it, if any, has been paid?	/ caused			
6.	The alleged dishonest conduct occurred at(City) (State)	, on or			
	about . The loss occurred on or about				
	(Date) The loss was discovered on or about				
	(Date)				
	enclose copies of cancelled checks (both sides) of payments made to the at Please attach copies of any documents or correspondence which are relate matter. (Attach separate pages if necessary)				
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		_			
		_			

8.	Have you asked the lawyer to repay you? / / Yes / / No	
	If yes:(Date)	
	Briefly explain. If your request and/or the lawyer's response was in writing, please explain.	
9.	Have you been repaid for any part of your claim?	
	If yes:(Amount)	
	(By Whom Paid)	
	(Date)	
	Please explain briefly the circumstances of this repayment and attach any papers of correspondence related to it.	r
10	.(a) Are you related to the lawyer?	
	(b) If so, in what way?	
11	State, if known, whether any civil, criminal, or disciplinary proceedings have been, or will be taken in connection with the facts set our in this application. If so, state b whom, where and the present status of such proceedings.	у
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12. If any lawyer is presently representing you or assisting you with this application, please give his or her name and address.

(Name)		
(Street Addre	ss or P.O. Box)	
(City)	(State)	(Zip)
(Telephone N	lumber)	

- 13. This application is prepared and signed to have the Client Security Commission of the Supreme Court of Iowa process and investigate the claim and to consider the making of payment from the Client Security Trust Fund of the Bar of Iowa toward repayment of any loss to the applicant.
- 14. Upon payment by the Client Security Trust Fund to the applicant of all or any portion of this claim, the applicant gives the Commission all of his or her claims or actions of any type against the attorney arising out of the alleged dishonest acts on which this application is based. The applicant authorizes the Commission to prosecute all such claims against the above named attorney either in the applicant's name or in the Commission's name or in the names of both, as the Commission decides.

If the amount paid by the Fund to the applicant is not payment in full for all loss which the applicant has suffered as a result of the alleged dishonest acts of the attorney, then any amounts recovered the Commission which remain after repaying the Fund the amount paid to the applicant and the costs of collection shall be returned to the applicant.

The applicant agrees to cooperate with the Commissioners in any efforts by the Commissioners in enforcing any claim against the attorney, and agrees that all civil actions to be taken against the attorney about this complaint shall be under the full control of the Commissioners of the Client Security Commission of the Supreme Court of Iowa, and that the Commissioners may prosecute or fail to prosecute, or abandon any such claim without the consent or approval of the applicant.

UNDERSTANDING THIS, the applicant agrees to cooperate in the investigation of this claim and also in any related disciplinary proceedings against the lawyer(s) in question; and before receiving any payment from the Fund, the applicant agrees to give to the Client Security Commission information that may be requested.

No applicant is required to be represented by a lawyer before the Commission. No attorney representing the applicant shall receive a fee for his or her services from the Fund. Any agreement for compensation between the applicant and any attorney retained for prosecution of the claim must meet the approval of the Commission.

Date:	
	(Signature of Applicant)
STATE OF	)
STATE OF	) \$8.
Application for Reimbursement an same is true of my own knowledge, my information or belief, and that as	Applicant in the above matter. I have read this id know the contents. I hereby certify that the except as to the matters which are stated upon so to those matters, I believe them to be true.
Executed on a (Date)	at
(Date)	(Place)
	(Signature of Applicant)
Subscribed and sworn (or affirmed)	to before me this day of, 20
	Notary Public in and for said County and State

Return claim form and attachments to:

CLIENT SECURITY COMMISSION JUDICIAL BRANCH BUILDING 1111 EAST COURT AVENUE DES MOINES, IA 50319